

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD AND MEDICAL SYSTEM FOR
THE POSTDISCHARGE SURVEILLANCE
OF A PATIENT
Attorney Docket Number:: 4001-1012
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: TILO
Middle Name::
Family Name:: CHRIST
City of Residence:: ERLANGEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: ESPENWEG 21

City of Mailing Address:: ERLANGEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 91058

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: VOLKER
Middle Name::
Family Name:: SCHMIDT
City of Residence:: ERLANGEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: SIEGLITZHOFFER STR. 28

City of Mailing Address:: ERLANGEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 90592

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	10103325.7	1/25/01	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::